U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

i	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E Q. B or				
1. File Number U - 7923	2. Fiscal Year Covered From:			
	1/1/2004 Through: $12/31/2004$			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name KEVIN M REUTING	Name PLUMBERS & PIPEFITTERS L. U. 219			
	Labor Organization File Number 005-186			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 4103 HOGLE AVE	Street 644 E. TALLMADGE AVE.			
City RAVENNA	City AKRON			
State 0H10 ZIP Code + 4 H4266	State OHIO ZIP Code + 4 44310			
5. Position in labor organization. PREFITTER				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City	0.00			
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyly undersigned's knowledge and belief, true, correct, and complete. (See the section of				
1. (1)	00 011. 905 332 375 0011			

Date

Telephone Number

Name of Person Filing	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.	0.00			
City The second	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	12.b. Amount.	[
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street City ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	0.00			